

REQUEST FOR ADR-MEDIATION PROCESS

Date _____

Grievance Officer

Agency/Department

Employee

This form is to be used by the grievance officer when the complaint is most appropriately addressed through the ADR process. (Additional pages may be attached if necessary.)

EMPLOYEE STATEMENT:

- (1) What is the specific complaint, behavior, condition, etc., that the employee desires to have addressed through the ADR process?
- (2) How has the employee been adversely affected by this situation?
- (3) What does the employee request as the outcome of the ADR/ What specific action(s) has the employee taken to try to resolve the matter?

The following signifies agreement of the employee and supervisor to attempt resolution of the above referenced matter through the ADR process.

I agree to meet with the supervisor in the ADR process.

Employee's Signature

Date _____

I agree to meet with the employee in the ADR process.

Supervisor's Signature

Date _____